

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155019</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 03</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/22/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GARDEN VILLA - BLOOMINGTON</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1100 S CURRY PK</b> <b>BLOOMINGTON, IN 47403</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/02/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/22/16</p> <p>Facility Number: 000007 Provider Number: 155019 AIM Number: 100275040</p> <p>At this PSR survey, Garden Villa-Bloomington was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original portion of the facility which was surveyed using Chapter 19, Existing Health Care Occupancies and included everything except the Dining Room/Lounge area on Station 3 and the renovated Sunroom on Station 1.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, all areas open to the corridors, plus all resident sleeping rooms in Units 4, 5 and 6. There are battery operated smoke alarms in resident sleeping rooms 101 through 126, 201 through 216, and 301 through 339. The facility has a capacity of 224 and had a census of 160 at the time of this survey.</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except the Station 2 exit vestibule.	{K 000}			
{K 000}	Quality Review completed on 01/25/16 - DA INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/02/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 01/22/16  Facility Number: 000007 Provider Number: 155019 AIM Number: 100275040  At this PSR survey, Garden Villa-Bloomington was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The new portion of the facility which was surveyed using Chapter 18, New Health Care Occupancies and included the Dining Room/Lounge area on Station 3 and the renovated Sunroom on Station 1.  This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, all areas open to the corridors, plus all resident sleeping rooms in Units 4, 5 and 6. There are	{K 000}			

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